



Rate of Pay Notification

To:

From:

Date:

RE: Rate of Pay

Effective _____ your rate of pay will be \$ _____ .

___ Hourly ___ Annually

Your schedule will be for _____ months per year.

Work will begin _____ and end _____.

(Enter months to be worked for staff working less than 12 months per year).

Position Title: _____

Grade Level: _____

Employee

Date

Manager

Date